Tree of Life Wellness Center
Return Form

Clerk: _____Today's Date: _____Date on Customer invoice: _____

All information on this form must be filled out completely.

Customer Name: _____

Address: _____
Street Town State zip

Telephone #: ( )_____

Item(s) Returned:	Reason(s) for Return:
1._____	1._____
_____	_____
2._____	2._____
_____	_____
3._____	3._____
_____	_____
4._____	4._____
_____	_____
5._____	5._____
_____	_____
6._____	6._____
_____	_____
7._____	7._____
_____	_____
8._____	8._____
_____	_____